Form FP-1

(REV. 2009)

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX**

DO NOT WRITE OR STAPLE IN THIS SPACE

INSTALLMENT PAYMENT VOUCHER Based on income for calendar year _____, or fiscal year commencing , 20 ☐ Public Service Company Tax Payment Number 2 Federal Employer I.D. No. Hawaii Tax I.D. No. 1. Estimated tax liability for the year..... W Name of company ORTYPE 2. Amount of this installment \$ dba (if any) 3. Amount of any unused overpayment credit to be applied..... \$ PRINT Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.) \$ City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Check box if address changed and make corrections above. Payment due on or before February 10, 2010, for calendar year taxpayers and on or before the 10th day of the second month after the close of the -MAILING ADDRESSfiscal year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION P.O. BOX 1530 HONOLULU, HI 96806-1530 See Instructions on the reverse side. Form FP-1

Form FP-1 (REV. 2009)

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER

|--|

Based on income for calendar year _____, or fiscal year commencing , 20

	Check one:	☐ Franchise Tax	☐ Public Service Company T	ax [⊃ayment
	Federal En	nployer I.D. No.	Hawaii Tax I.D. No.		T
ш			W	Estimated tax liability for the year	. \$
PRINT OR TYPE	Name of compa	any			
	-			2. Amount of this installment	\$
	dba (if any)			Amount of any unused overpayment credit to be applied	\$
	Address (numb	er and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and Postal/ZIP Code			MAIL THIS VOUCHER WITH CHECK OR M TO "HAWAII STATE TAX COLLECTOR."	
_	1			Write your Federal Employer I.D. Number on your o	heck or mone
	Check box if	address changed and	d make corrections above.	DUE DATES FOR MONTHLY PAYMENTS:	

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P.O. BOX 1530 HONOLULU, HI 96806-1530 ER PAYABLE

y order.

Payment due on or before January 10, 2010, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal year for fiscal year taxpayers.

Number 1

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2010, or fiscal year commencing on month 1, 2010)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2009 Hawaii tax return to your tax for 2010, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

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- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2009 Hawaii tax return to your tax for 2010, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530

Form FP-1 (REV. 2009)

(I IL V. 2005)

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR

PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER

2010

Based on income for calendar year _____, or _, 20 fiscal year commencing ☐ Public Service Company Tax Payment Number 4 **Check one:** \square Franchise Tax Federal Employer I.D. No. Hawaii Tax I.D. No. 1. Estimated tax liability for the year..... \$ W Name of company ORTYPE 2. Amount of this installment \$ dba (if any) 3. Amount of any unused overpayment credit to be applied..... \$ PRINT Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.) \$ City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Check box if address changed and make corrections above. Payment due on or before April 10, 2010, for calendar year taxpayers and on or before the 10th day of the fourth month after the close of the fiscal -MAILING ADDRESSyear for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION **DUE DATES FOR QUARTERLY PAYMENTS** P.O. BOX 1530 Payment due on or before April 20, 2010, for calendar year taxpayers and HONOLULU, HI 96806-1530 on or before the 20th day of the fourth month following the close of the fiscal year for fiscal year taxpayers. See Instructions on the reverse side. Form FP-1 DO NOT WRITE OR STAPLE IN THIS SPACE Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION (REV. 2009) FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER Based on income for calendar year _____, or fiscal year commencing _, 20 Payment Number 3 Check one: Franchise Tax ☐ Public Service Company Tax Federal Employer I.D. No. Hawaii Tax I.D. No. 1. Estimated tax liability for the year..... \$ W OR TYPE Name of company 2. Amount of this installment \$ dba (if any) 3. Amount of any unused overpayment credit to be applied..... \$ PRINT Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.).... \$ City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Check box if address changed and make corrections above. Payment due on or before March 10, 2010, for calendar year taxpayers

> -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

> > P. O. BOX 1530 HONOLULU, HI 96806-1530

> > > See Instructions on the reverse side.

year for fiscal year taxpayers.

and on or before the 10th day of the third month after the close of the fiscal

DO NOT WRITE OR STAPLE IN THIS SPACE

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2010, or fiscal year commencing on month 1, 2010)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2009 Hawaii tax return to your tax for 2010, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

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- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2010, or fiscal year commencing on month 1, 2010)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
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- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530

Form FP-1 (REV. 2009)

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR

2010

PUBLIC SERVICE COMPANY TAX **INSTALLMENT PAYMENT VOUCHER**

		e for calendar yo			
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number 6
	Federal Em	nployer I.D. No.	Hawaii Tax I.D. No.	Estimated tax liability for the year	\$
PRINT OR TYPE				Amount of this installment	\$
	dba (if any) Address (number and street)			Amount of any unused overpayment credit to be applied	\$
				4. Amount of this payment. (Line 2 minus line 3.)	\$
			ADDRESS- MENT OF TAXATION OX 1530 HI 96806-1530 See Instructions of the second	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before June 10, 2010, for calendar year taxpayers and on or before the 10th day of the sixth month after the close of the fiscal year for fiscal year taxpayers. DUE DATES FOR QUARTERLY PAYMENTS Payment due on or before June 20, 2010, for calendar year taxpayers and on or before the 20th day of the sixth month following the close of the fiscal year for fiscal year taxpayers. On the reverse side. Form FP-1 DO NOT WRITE OR STAPLE IN THIS SPACE	
	010	I	FRANCHISE TAX PUBLIC SERVICE COM NSTALLMENT PAYMEN	IPANY TAX	
		e for calendar yo nencing	ear, or , 20		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P.	avment Number 5
		nployer I.D. No.	Hawaii Tax I.D. No.		aymont reambor 5
ш			W	Estimated tax liability for the year	\$
P	Name of company			2. Amount of this installment	\$
PRINT OR TYPE	dba (if any)			Amount of any unused overpayment credit to be applied	\$
	Address (number and street)			4. Amount of this payment. (Line 2 minus line 3.)	\$
City, State, and Postal/ZIP Code Check box if address changed and make corrections above.			d make corrections above.	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. DUE DATES FOR MONTHLY PAYMENTS: Payment due on or before May 10, 2010, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year for fiscal year taxpayers.	
-MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION					

See Instructions on the reverse side.

HONOLULU, HI 96806-1530

DO NOT WRITE OR STAPLE IN THIS SPACE

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2010, or fiscal year commencing on month 1, 2010)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2009 Hawaii tax return to your tax for 2010, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2009 Hawaii tax return to your tax for 2010, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530

Form FP-1 (REV. 2009)

(1124.2000)

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR

PUBLIC SERVICE COMPANY TAX

INSTALLMENT PAYMENT VOUCHER Based on income for calendar year _____, or fiscal year commencing __, 20 ☐ Public Service Company Tax Payment Number 8 **Check one:** \square Franchise Tax Federal Employer I.D. No. Hawaii Tax I.D. No. 1. Estimated tax liability for the year..... W Name of company ORTYPE 2. Amount of this installment \$ dba (if any) 3. Amount of any unused overpayment credit to be applied..... \$ PRINT Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.) \$ City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Check box if address changed and make corrections above. Payment due on or before August 10, 2010, for calendar year taxpayers and on or before the 10th day of the eighth month after the close of the -MAILING ADDRESSfiscal year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION P.O. BOX 1530 HONOLULU, HI 96806-1530 See Instructions on the reverse side. Form FP-1 DO NOT WRITE OR STAPLE IN THIS SPACE Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION (REV. 2009) FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER Based on income for calendar year _____, or fiscal year commencing , 20 ☐ Public Service Company Tax Payment Number 7 **Check one:** \square Franchise Tax Hawaii Tax I.D. No. Federal Employer I.D. No. 1. Estimated tax liability for the year..... \$ W OR TYPE Name of company 2. Amount of this installment \$ dba (if any) 3. Amount of any unused overpayment

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

Check box if address changed and make corrections above.

PRINT

Address (number and street)

City, State, and Postal/ZIP Code

P. O. BOX 1530 HONOLULU, HI 96806-1530 Write your Federal Employer I.D. Number on your check or money order.

DUE DATES FOR MONTHLY PAYMENTS:

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE

\$

credit to be applied.....

(Line 2 minus line 3.)....

TO "HAWAII STATE TAX COLLECTOR."

4. Amount of this payment.

DO NOT WRITE OR STAPLE IN THIS SPACE

Payment due on or before July 10, 2010, for calendar year taxpayers and on or before the 10th day of the seventh month after the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

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If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

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- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2010, or fiscal year commencing on month 1, 2010)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2009 Hawaii tax return to your tax for 2010, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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- 8. Detach the voucher at the perforation and mail with the required payment to:

HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530

Form FP-1

(REV. 2009)

FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALL MENT PAYMENT VOLICHER

DO NOT WRITE OR STAPLE IN THIS SPACE

2010

_		NO IALLIVIENT PATIVIENT	VOUCHER	
Ва	sed on income for calendar y	ear, or		
fis	cal year commencing	, 20		
			_	
	Check one: Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 10
	Federal Employer I.D. No.	Hawaii Tax I.D. No.		
핊		W	Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment	\$
_	allo a (15 a co.)			Ф
PRINT OR TYPE	dba (if any)		Amount of any unused overpayment credit to be applied	\$
늘	Address (number and street)			Ψ
E	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
"	City, State, and Postal/ZIP Code			
	only, chare, and rectain in code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	
	<u></u>			
	Check box if address changed an	d make corrections shows	DUE DATES FOR MONTHLY PAYMENTS:	
_	Check box ii address changed an	d make corrections above.	Payment due on or before October 10, 2010,	for calendar year taxpayers
	MAIL INC	ADDRECC	and on or before the 10th day of the tenth n	nonth after the close of the
		ADDRESS- MENT OF TAXATION	fiscal year for fiscal year taxpayers.	
		OX 1530		
	HONOLULU,	HI 96806-1530		
		See Instructions o	n the reverse side.	
				Form FP-1
			DO NOT WRITE O	D 074 DI E IN TUIO 004 05
	orm FP-1	STATE OF HAWAII — DEPARTMEN	T OF TAXATION	R STAPLE IN THIS SPACE
(RE	EV. 2009)	FRANCHISETAX		
	010	PUBLIC SERVICE COM		
4	0 10 ı	NSTALLMENT PAYMENT	VOUCHER	
Ва	sed on income for calendar y	ear, or		
fis	cal year commencing	, 20		
	Check one: Franchise Tax	Public Service Company Tax	P	ayment Number 9
	Federal Employer I.D. No.	Hawaii Tax I.D. No.		
PRINT OR TYPE		w	Estimated tax liability for the year	\$
	Name of company			
			Amount of this installment	\$
	dba (if any)		Amount of any unused overpayment credit to be applied	
				\$
Ĕ	Address (number and street)		4. Amount of this payment.	
1			(Line 2 minus line 3.)	
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO	NEY ORDER PAYABLE
			TO "HAWAII STATE TAX COLLECTOR."	
г	7		Write your Federal Employer I.D. Number on your ch	еск or money order.
L	Let Check box if address changed an	d make corrections above.	DUE DATES FOR MONTHLY PAYMENTS:	
			Payment due on or before September 10	. 2010. for calendar vear

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

> P. O. BOX 1530 HONOLULU, HI 96806-1530

Payment due on or before September 10, 2010, for calendar year taxpayers and on or before the 10th day of the ninth month after the close of the fiscal year for fiscal year taxpayers.

DUE DATES FOR QUARTERLY PAYMENTS

Payment due on or before September 20, 2010, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

GENERAL INSTRUCTIONS

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2010, or fiscal year commencing on month 1, 2010)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2009 Hawaii tax return to your tax for 2010, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530

Form FP-1

(REV. 2009)

STATE OF HAWAII DEDARTMENT OF TAYATION **PUBLIC SERVICE COMPANY TAX**

P-1	STATE OF HAWAII — DEPARTMENT OF TAXATION	DO NOT WRITE OR STAPLE IN THIS SPACE	
	FRANCHISE TAX OR		

INSTALLMENT PAYMENT VOUCHER Based on income for calendar year _____, or _, 20 fiscal year commencing Payment Number 12 **Check one:** \square Franchise Tax ☐ Public Service Company Tax Federal Employer I.D. No. Hawaii Tax I.D. No. 1. Estimated tax liability for the year..... \$ W Name of company ORTYPE 2. Amount of this installment \$ dba (if any) 3. Amount of any unused overpayment credit to be applied..... \$ PRINT Address (number and street) Amount of this payment. (Line 2 minus line 3.) \$ City, State, and Postal/ZIP Code MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order. **DUE DATES FOR MONTHLY PAYMENTS:** Check box if address changed and make corrections above. Payment due on or before December 10, 2010, for calendar year taxpayers and on or before the 10th day of the twelfth month after the close of the -MAILING ADDRESSfiscal year for fiscal year taxpayers. HAWAII DEPARTMENT OF TAXATION **DUE DATES FOR QUARTERLY PAYMENTS** P.O. BOX 1530 Payment due on or before December 20, 2010, for calendar year taxpayers HONOLULU, HI 96806-1530 and on or before the 20th day of the twelfth month following the close of the fiscal year for fiscal year taxpayers. See Instructions on the reverse side. Form FP-1 DO NOT WRITE OR STAPLE IN THIS SPACE Form FP-1 STATE OF HAWAII — DEPARTMENT OF TAXATION (REV. 2009) FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER Based on income for calendar year _____, or fiscal year commencing _, 20 Payment Number 11 Check one: Franchise Tax ☐ Public Service Company Tax Federal Employer I.D. No. Hawaii Tax I.D. No. 1. Estimated tax liability for the year..... \$ W OR TYPE Name of company 2. Amount of this installment \$ dba (if any) 3. Amount of any unused overpayment credit to be applied..... \$ PRINT Address (number and street) 4. Amount of this payment. (Line 2 minus line 3.)....

> -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

Check box if address changed and make corrections above.

City, State, and Postal/ZIP Code

P.O. BOX 1530 HONOLULU, HI 96806-1530 **DUE DATES FOR MONTHLY PAYMENTS:** Payment due on or before November 10, 2010, for calendar year taxpayers and on or before the 10th day of the eleventh month after the close of the

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE

Write your Federal Employer I.D. Number on your check or money order.

TO "HAWAII STATE TAX COLLECTOR."

fiscal year for fiscal year taxpayers.

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P.O. Box 1530 Honolulu, HI 96806-1530

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